

UCLA Shoulder Score

Patient Name: _____

Date: _____

Dominant Hand: R L Both (Circle One)

Affected Arm: R L (Circle One)

1. Pain

<input type="checkbox"/> Present always and unbearable; strong medication frequently	+1
<input type="checkbox"/> Present always but bearable; strong medication occasionally	+2
<input type="checkbox"/> None or little at rest, present during light activities; salicylates used frequently	+4
<input type="checkbox"/> Present during heavy or particular activities only; salicylates used occasionally	+6
<input type="checkbox"/> Occasional and slight	+8
<input type="checkbox"/> None	+10

2. Function

<input type="checkbox"/> Unable to use limb	+1
<input type="checkbox"/> Only light activities possible	+2
<input type="checkbox"/> Able to do light housework or most activities of daily living	+4
<input type="checkbox"/> Most housework, shopping, and driving possible; able to do hair and to dress and undress, including fastening brassiere	+6
<input type="checkbox"/> Slight restriction only; able to work above shoulder level	+8
<input type="checkbox"/> Normal activities	+10

3. Active forward flexion

<input type="checkbox"/> $\geq 150^\circ$	+5
<input type="checkbox"/> 120-150°	+4
<input type="checkbox"/> 90-120°	+3
<input type="checkbox"/> 45-90°	+2
<input type="checkbox"/> 30-45°	+1
<input type="checkbox"/> $< 30^\circ$	+0

4. Strength of forward flexion

<input type="checkbox"/> Grade 5 (normal)	+5
<input type="checkbox"/> Grade 4 (good)	+4
<input type="checkbox"/> Grade 3 (fair)	+3
<input type="checkbox"/> Grade 2 (poor)	+2
<input type="checkbox"/> Grade 1 (muscle contraction)	+1
<input type="checkbox"/> Grade 0 (nothing)	+0

5. Satisfaction of the patient

<input type="checkbox"/> Satisfied and better	+5
<input type="checkbox"/> Not satisfied and worse	+0

Scoring Instructions:

Score: Summation of Points

Score: _____ Points